

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works
MONTHLY ESTIMATE

FOR THE MONTH OF July 2019

Date: July 29, 2016

CONTRACTOR: Henry's Equipment Rental & Sales, Inc.

ADDRESS: PO Box 4070

Contract No. 64453

City, State ZIP: Waianae, HI 96792

DAGS Job No. 12-20-2696

PROJECT TITLE: Hawaii State Hospital: Goddard Bilding Demolition

CONTRACT

Basic Contract Amount \$ 2,986,000.00

FOR INSPECTION BRANCH USE

☐ SUBMITTAL REGISTER ☐ COMMENCEMENT REQUIREMENTS

DUE MONTHLY:

☒ PROJECT SCHEDULE

☐ DAILY REPORTS

☐ PAYROLL AFFIDAVIT

MONTHLY ESTIMATE CHECKLIST

☒ PROJECT NAME AND LOCATION ☒ CONTRACT NUMBER
☐ AS NEED - WASTE REDUCTION PROGRESS REPORT ☐ ALL SIGNATURES

SPECIALTY / MISC:

☐ AIR CONDITION ACCEPTANCE ☐ PAINT ACCEPTANCE

CHANGE ORDERS

Total \$ 2,131,828.00

Adjusted Contract Amount \$ 5,117,828.00

WORK ACCOMPLISHED

Basic Contract

Change Order

Total

Completed to Date 37.53% \$ 1,120,625.00 54.07% \$ 1,152,752.00 \$ 2,273,377.00

Retained REDUCED ☐ \$ 82,238.00 \$ 82,055.00 \$ 164,293.00

Amount Subject to Payment \$ 1,038,387.00 \$ 1,070,697.00 \$ 2,109,084.00

Payments to Date \$ 931,393.00 \$ 611,368.00 \$ 1,542,761.00

Payments Now Due \$ 106,994.00 \$ 459,329.00 \$ 566,323.00

Payment No. FINAL ☐ 5

Remarks: For projects already Accepted and/or Completed, delete Statement Of Contract Time and add..


FOR OFFICE USE ONLY

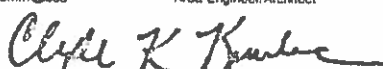
☐ Project Acceptance Date

☐ Project Completion Date

1. Computed and Checked by:

 AUG 11 2016
3. Recommended Project Inspector or Engineer Date:

 AUG 11 2016
4. Recommended Area Engineer/Architect Date:

 AUG 11 2016
5. Approved Branch Chief or District Engineer Date:


The Public Works Administrator certifies that change orders have been issued and the work performed.

 AUG 11 2016
State Public Works Administrator Date:

2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request: and least 80% of our workforce resides in Hawaii ☐ As a preferred contractor, I have submitted all apprenticeship approval forms.

Henry's Equipment Rental & Sales, Inc.

Name of Contractor

 8/2/16
By Frances Kama-Silva, President Date:

BASIC CONTRACT - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works

For the Month of: July 2019

CONTRACTOR: Henry's Equipment Rental & Sales, Inc.
PROJECT TITLE: Hawaii State Hospital: Goddard Blding Demolition

Contract No.: 64453
DAGS Job No.: 12-20-2696

CLOSED								
	PRIME CONTRACTOR	TRADE	LICENSE NO.	BASIC CONTRACT AMOUNT	COMPL. TO DATE	% CMPL	RETN %	CONTRACT AMOUNT RETAINED
	Henry's Equipment Rental & Sales	General Contractor	ABC21835	\$2,365,271	\$596,459	25.22%	5%	\$29,822

<u>SUBCONTRACTOR</u>	<u>TRADE</u>	<u>LICENSE NO.</u>	<u>BASIC SUB-CONTRACT AMOUNT</u>	<u>COMPL. TO DATE</u>	<u>% CMPL</u>	<u>RETN %</u>	<u>SUB- CONTRACT AMOUNT RETAINED</u>
David's Fencing	Temporary Fencing	C-21806	\$38,700	\$38,700	100.00%	10%	\$3,870
Environmental Control Specialties	Asbestos/Abatement	C-15254	\$481,600	\$481,600	100.00%	10%	\$48,160
HH Electric	Electrical	C-13528	\$55,235	\$3,866	7.00%	10%	\$386
Island Landscaping & Maint.	Landscaping/Irrigation	C-8952	\$44,445		0.00%	10%	\$0
Structrual Pest Control	Soil Treatment	PC-489	\$749		0.00%	10%	\$0
					#DIV/0!	10%	\$0
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Total Retained from Subs			\$620,729	\$524,166			\$52,416

	\$2.986.000	\$1.120.625
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	BASIC CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)	\$82,238
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I certify that the above retentions are correct for this request.

Henry's Equipment Rental & Sales, Inc.

Name of Contractor

By Frances Kama-Silva, President

Date _____

Checked/Verified by:

A. H.

Initial - Project Inspector or Engineer

NOTE:

Columnar totals shall be equal in dollar value to that on the Monthly Estimate Sheet

CHANGE ORDER - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works

For the Month of: July 2019

CONTRACTOR: Henry's Equipment Rental & Sales, Inc.
PROJECT TITLE: Hawaii State Hospital: Goddard Blding Demolition

Contract No.: 64453
DAGS Job No.: 12-20-2696

CLOSED	PRIME CONTRACTOR	TRADE	LICENSE NO.	CHANGE ORDER AMOUNT	COMPL. TO DATE	%	RETN %	CHANGE ORDER
								AMOUNT RETAINED
	Henry's Equipment Rental & S	General Contractor	ABC21835	\$1,261,306	\$681,988	54.07%	5%	\$34,099

SUBCONTRACTOR	TRADE	LICENSE NO.	CHANGE ORDER SUB AMOUNT	COMPL. TO DATE	% CMPL	RETN %	CHANGE ORDER SUB AMOUNT RETAINED
Environmental Control Specia	Asbestos/Abatement	C-15254	\$870,522	\$479,564	55.09%	10%	\$47,956
					#DIV/O!	10%	\$0
					#DIV/O!	10%	\$0
					#DIV/O!	10%	\$0
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					#DIV/O!	10%	\$0
					#DIV/O!	10%	\$0
Total Retained from Subs			\$870,522	\$479,564			\$47,956

	\$2,131,828	\$1,152,752
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[illegible]

CHANGE ORDER CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)	\$82,055
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I certify that the above retentions are correct for this request.

Henry's Equipment Rental & Sales, Inc.

Name of Contractor

Fr. Kama Silva
Fr. Frances Kama Silva, President

Date _____

Checked/Verified by:

12. H.

Initial - Project Inspector or Engineer

NOTE

Columnar totals shall be equal in dollar value to that on the Monthly Estimate Sheet

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES
DIVISION OF PUBLIC WORKS
Monthly Payment Slip

PAYMENT NO.: 5

PROJECT TITLE: HAWAII STATE HOSPITAL - GODDARD BUILDING, DEMOLITION

BILLING MONTH: July-16

DAGS JOB NO.: 1 2-20-2696

CONTRACT NO.: 64453

CONTRACTOR: HENRY'S EQUIPM'T RENTAL & SALES, INC

VENDOR CODE: 24391400

Original Contract Payment		Suffix: 1, 2		
Suffix	Fund Symbol	Amount Earned	Retainage	Amount Due
01	B13-414M	\$112,625.00	\$5,631.00	\$106,994.00
Totals:		\$112,625.00	\$5,631.00	\$106,994.00

Change Order Payment		Suffix: 3, 4, 5		
Suffix	Fund Symbol	Amount Earned	Retainage	Amount Due
05	B15-408M	\$483,968.00	\$24,639.00	\$459,329.00
Totals:		\$483,968.00	\$24,639.00	\$459,329.00

Grand Total:		\$596,593.00	\$30,270.00	\$566,323.00
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AUG 11 2016

Verified By *Y Xu* DATE

(This Section for Administrative Services Office Use Only)

Vendor Code 24391400

Cost Code 3A1

Voucher No. 8207N34

Verified By *pm* AUG 18 2016

